



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF BUSINESS REGULATION  
DIVISION OF BANKING  
233 RICHMOND STREET, SUITE 231  
PROVIDENCE, RHODE ISLAND 02903-4231  
Telephone (401) 222-2405 - Fax (401) 222-5628**

**APPLICATION FOR APPROVAL TO  
ESTABLISH AND MAINTAIN A BRANCH OFFICE**

PURSUANT TO RHODE ISLAND GENERAL LAWS TITLE 19, CHAPTER 2 APPLICATION IS HEREBY  
MADE BY:

Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State & Zip Code \_\_\_\_\_  
Mailing Address  
If Different: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

FOR WRITTEN CONSENT OF THE DIRECTOR OF BUSINESS REGULATION ("DIRECTOR") TO ESTABLISH  
AND MAINTAIN A BRANCH OFFICE AT:

Address: \_\_\_\_\_  
City \_\_\_\_\_  
State & Zip Code \_\_\_\_\_

**ANSWERS MUST BE PROVIDED FOR EACH QUESTION CONTAINED IN THIS APPLCAITON. USE  
SUPPORTING SCHEDULES WHERE NECESSARY.**

AN APPLICATION FEE BASED UPON HOURS SPENT BY THE DIVISION OF BANKING REVIEWING AND  
PROCESSING THE APPLICATION MUST BE SUBMITTED UPON RECEIPT OF A DECISION BY THE  
DIRECTOR.

APPLICATION COORDINATOR:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Date of Filing: \_\_\_\_\_

**SECTION ONE - PROPOSED BRANCH OFFICE**

1. REASONS FOR ESTABLISHING THE PROPOSED BRANCH

Detail the applicant's reasons for seeking to establish and maintain the proposed branch office. Include at a minimum the following:

- A) The proposed service area;
- B) Deposit trends
- C) Loan trends
- D) Banking trends

2. PUBLIC CONVENIENCE AND ADVANTAGE.

Provide a statement addressing how the public would benefit by the establishment and maintenance of the proposed branch.

3. AREA MAP

Provide a map illustrating the location and distance between the proposed branch office and competing state and federally-chartered banks and credit unions, including main and branch offices, in the city or town in which the proposed branch will be located.

4. SERVICES OFFERED

Indicate the current services offered by the applicant together with any new or expanded programs resulting from the establishment of the proposed branch office.

5. ANTICIPATED OPENING DATE

Indicate the anticipated opening date and daily hours of operation of the proposed branch office. Describe any actions needed to be taken by the applicant which may delay the proposed branch opening.

6. PROPOSED BRANCH FACILITIES

Provide a physical description of the building premises. Specify the amount of available parking, walk-up, drive-up, handicapped access, vault, safe deposit boxes, automated teller machines (If applicable, applicant must complete a request to establish an ATM device or a copy of similar filing made with the home state) or other facilities.

7. SITE DESCRIPTION

Provide a description of the buildings and area surrounding the proposed branch office. Comment on local traffic patterns, including public and private transportation, zoning, building or construction restrictions or other dominant characteristics of the area surrounding the proposed branch office site.

8. STAFFING

Indicate the full-time and part-time management and employee staff positions scheduled at the proposed branch office. Outline the main functions and responsibilities of each position.

## 9. MANNER OF OCCUPANCY

Indicate whether the proposed site will be leased or purchased by the applicant. Identify the person or entity from whom the proposed branch office will be leased or purchased. Identify and explain any exclusive clauses contained in the purchase or property agreement or any other agreements between the applicant and subsequent purchases or lessees. If the agreement lacks exclusive or restrictive clauses, provide a statement signed by a official of the applicant certifying the absence of such clauses.

## 10. INSIDER TRANSACTIONS DISCLOSURE

Indicate any direct or indirect benefit to any insider as compensation or inducement in assisting or consummating the proposed branch office transaction. Indicate whether the governing board of the applicant has reviewed the insider involvement in connection with the establishment and maintenance of the proposed branch office and the result of that review.

## 11. PUBLICATION

Provide evidence such as an affidavit of publication from the newspaper in which the notice(s) appeared, that a Notice of Application Filed (to be provided to applicant by Division of Banking with publication dates to be determined by the Division of Banking upon completion of review of the application) has been published pursuant to R. I. Gen. Laws ' 19-1-3 at least once a week for three successive weeks in **The Providence Journal**.

## SECTION TWO – SERVICE AREA

### 1. COMMUNITIES TO BE SERVICED

Identify the major cities or towns which the applicant seeks to service by the establishment and maintenance of the proposed branch office.

### 2. MARKETING EFFORTS

Describe the marketing methods expected to be used by the applicant to solicit new customers within the service area of the proposed branch office.

### 3. NEW NET BENEFITS

Provide a statement showing the net new benefits to be derived from the proposed branch office.

## SECTION THREE – FINANCIAL INFORMATION

1. Identify the cost to construct, purchase, rent or renovate the premises of the proposed branch office location. Provide the assessed value of the property purchased.
2. Identify the cost to purchase or rent the furniture, fixtures and equipment for the proposed branch office. Itemize the cost of walk-up, drive-up, handicap accessibility, and automated teller machines, parking, vaults, safe deposit boxes or other facilities.
3. Identify the source of funds to be used to construct, purchase, rent or renovate the premises of the proposed branch office and to purchase or rent the furniture, fixtures and equipment for the proposed branch office.
4. Identify the amount of deposits, if any, to be transferred to the proposed branch office and the location of each branch from which the transfer will occur.
5. List the location of each branch office opened during the last three (3) calendar years. Include the date of approval and the date of opening.

6. Provide the information requested below for each branch opened within the past three (3) calendar years designated as Y1, Y2, Y3, respectively.

	<u>Y1</u>	<u>Y2</u>	<u>Y3</u>
Projected Demand Deposits			
Actual Demand Deposits			
Variance			
Projected Time Deposits			
Actual Time Deposits			
Variance			
Projected Savings Deposits			
Actual Savings Deposits			
Variance			
Projected Income*			
Actual Income*			
Variance			
Projected Expenses*			
Actual Expenses*			
Variance			
Projected Profit/Loss			
Actual Profit/Loss			
Variance			

\*Includes both interest income/expense and non-interest income/expense

7. Project and itemize the annual occupancy costs of the proposed branch for the next three (3) calendar years designated as Y1, Y2, Y3, respectively.

	<u>Y1</u>	<u>Y2</u>	<u>Y3</u>
Salaries			
Utilities			
Insurance			
Computer Services			
Building Maintenance			
Depreciation on Building & Fixtures			
Security			
Advertising			
Other Costs			

8. Project the information requested below for the proposed branch during the next three (3) calendar years designated as Y1, Y2, Y3, respectively.

	<u>Y1</u>	<u>Y2</u>	<u>Y3</u>
Demand Deposits			
Savings Deposits			
Time Deposits			
Interest on Deposits			
Loans			
Income			
Expenses			
Profit/(Loss)			

9. Project the information requested below on a consolidated basis for the applicant during the next three (3) calendar years designated as Y1, Y2, Y3, respectively.

	<u>Y1</u>	<u>Y2</u>	<u>Y3</u>
Total Assets			
Average Assets			
Profit/(Loss)			
Return on Average Assets			
Net capital to assets ratio*			
Fixed asset ratio			

\* Tier One Leverage Capital Ratio or equivalent

10. Provide a Balance Sheet and Statement of Income and Expenses dated not more than sixty (60) days from the date of application attested to by the president or treasurer.

## SECTION FOUR – REGULATORY AND BOARD OVERSIGHT

### 1. OTHER REGULATORY AGENCIES

Please list the name, address, telephone number and contact person of any state or federal bank regulatory or licensing authority having jurisdiction over the transaction.

### 2. BOARD RESOLUTIONS

Provide a certified copy of the resolution of the board of directors or trustees, whichever is applicable, that authorizes the filing of the application including the approval of the authorized expenditure and the name of the person(s) authorized to file the application.

### 3. COMMUNITY REINVESTMENT ACT (“CRA”)

- Financial institutions that have received a CRA Performance Evaluation must provide a copy of the most Recent CRA Performance Evaluation Rating.
- Financial institutions and credit unions that have not received a CRA Performance Evaluation Rating must provide a copy of the applicant’s most recent CRA Statement, and pursuant to R. I. Gen. Laws §19-9-4, the following **(not applicable to credit unions whose by-laws significantly limit the field of membership)**:
  - A) The geographic distribution of the applicant's credit extensions, credit applications, and credit denials, during the two (2) calendar years preceding the application, specifying the number and dollar amount of each such loan by type;
  - B) The effect of the proposed branch upon the economy of the neighborhood, city or town, region, or state;
  - C) The applicant's participation, including investments, in local community development and redevelopment projects or programs during the two (2) calendar years preceding the application, specifying the number and dollar amount of each such loan and investment by type; If none, provide statement which explains the applicant's lack of such participation.
  - D) The applicant's origination of residential mortgage loans, housing rehabilitation loans and small business or small farm loans within its community or the purchase of such loans originated in its community during the two (2) calendar years preceding the application, specifying the number and dollar amount of each such loan by type; If none, provide statement which explains the applicant's lack of such participation.
  - E) The applicant's participation in governmentally-insured, guaranteed, or subsidized loan programs for housing small businesses, or small farms during the two (2) calendar years preceding the application, specifying the number and dollar amount of each such loan by type; If none, provide statement which explains the applicant's lack of such participation.
  - F) A statement which addresses whether the applicant has or intends to engage in any practices intended to discourage application for any types of consumer credit; and
  - G) Explanation, including the dates, disposition, and corrective measures taken with respect to any accusations of prohibited discriminatory or other illegal credit practices.

### 4. OFFICER CERTIFICATION

Provide certification by the president or vice president and secretary or treasurer that the information contained in the application is true and that any schedules provided correctly represent the true state of the several matters contained within the application to the best of their knowledge and belief.

5. OTHER

Within thirty (30) days of the date of the Decision on the application by the Director of Business Regulation, applicant shall pay an application filing fee pursuant to R. I. Gen. Laws §19-1-3 and Banking Regulation 98-1-5.

**Supplemental Forms:**

1. Request To Establish A Customer Bank Communication Terminal
2. Notice of Application Filed

**DEPARTMENT OF BUSINESS REGULATION**

**DIVISION OF BANKING**

**NOTICE OF APPLICATION FILED**

Notice is hereby given that an application has been filed in accordance with Chapters 1 and 2 of Title 19 of the General Laws of Rhode Island, as amended, by (NAME AND ADDRESS OF APPLICANT) with the Department of Business Regulation for the establishment of a branch office at (ADDRESS OF PROPOSED BRANCH OFFICE).

All persons wishing to review and/or comment on the application may make requests to the Department of Business Regulation, Division of Banking, Suite 231, 233 Richmond Street, Providence Rhode Island 02903. Application documents will be available for public inspection and comment between the hours of 9:00 a.m. and 3:30 p.m. in the office of the Division of Banking from (INSERT DATE OF START OF PUBLIC COMMENT PERIOD) through (INSERT DATE OF END OF PUBLIC COMMENT PERIOD). Any comments made relative to the application must be made in writing addressed to Dennis F. Zirolì, Associate Director and Superintendent of Banking, Department of Business Regulation, Division of Banking, 233 Richmond Street, Suite 231, Providence, Rhode Island 02903.

The Division of Banking is accessible to the handicapped.

If, at the end of the comment period, there are no objectors to the application, no hearing may be held and a decision may be made to approve or deny the application.

This notice will appear in The Providence Journal (NAME OF OTHER NEWSPAPER, IF MORE THAN ONE USED) on (INSERT DATES OF PUBLICATION).

State of Rhode Island and Providence Plantations  
Department of Business Regulation

Marilyn Shannon McConaghy, Esq.  
Director





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Telephone (401) 222-2405 - Fax (401) 222-5628**

**REQUEST TO ESTABLISH A CUSTOMER-BANK-COMMUNICATION-TERMINAL**

Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State & Zip Code: \_\_\_\_\_  
Date of Filing: \_\_\_\_\_

Request is hereby made pursuant to R. I. Gen. Laws § 19-3-13 for approval to establish a customer-Bank-Communication-Terminal (CBCT)/(ATM). The following information is required for state-chartered regulated institutions to establish a Customer-Bank-Communication-Terminal (CBCT)/(ATM).

1. Location of CBCT/ATM

Address: \_\_\_\_\_  
City : \_\_\_\_\_  
State & Zip Code: \_\_\_\_\_

2. Area Location

Provide a general description of the area where located (e.g., main office, branch office, shopping center, supermarket, department store, etc.) and a description of the manner of installation at that location (e.g., free standing, in-wall, indoors, outdoors).

3. Manner of Operation

Describe the manner of the unit's activation (e.g., customer identification number, plastic card, etc.) including whether the device is on-line and time of customers' access to the unit.

#### 4. Types of Transactions

Describe the kinds of transactions that will be performed (e.g., deposits, withdrawals, etc.).

#### 5. Staffing

Explain whether the device will be manned and, if so, by whose employees.

#### 6. Sharing

Explain whether the device will be shared and, if so, under what terms and with what other institutions and their locations.

#### 7. Manufacturer/Price

Provide the name and address of the manufacturer and, if owned, the purchase price or, if leased, the lease terms and the name and address of the lessor.

#### 8. Consumer Protection

Describe consumer protection procedures to be implemented, including the disclosure of the rights and liabilities of consumers and the protection against wrongful or accidental disclosure of confidential information. Submit a copy of applicable disclosures to be used.

#### 9. Nearest Branch/Nearest (CBCT)(ATM)

Provide the distance from the nearest branch and from the nearest similar device of the applicant financial institution.

#### 10. Competitor's Nearest Branch/Nearest (CBCT)(ATM)

Provide the distance from the nearest branch of a competing financial institution and the nearest similar device of another financial institution which will not share the facility, and the name and address of such competing financial institution.

#### 11. Security Measures

Information on the security provisions protecting the installation and its users.

Does the institution's security program provide for a schedule of Inspecting, testing, and servicing of security devices installed at each CBCT/ATM? YES\_\_\_\_ NO\_\_\_\_

Will a record of such inspections, testing, and servicing, be maintained? YES\_\_\_\_ NO\_\_\_\_

Will procedures be in place for safely removing excess currency? YES\_\_\_\_ NO\_\_\_\_

Will the CBCT/ATM be securely anchored to the premises where located or weigh at least 750 pounds empty? YES\_\_\_\_ NO\_\_\_\_

Will the CBCT/ATM be alarmed and located in a well lighted area? YES\_\_\_\_ NO\_\_\_\_

A "NO" response to any of the above must be accompanied by an explanation and an alternative safeguard.

12. Insurance

Describe the insurance and bond coverage to be obtained.

13. Other

Provide any other information pertinent to the installation that might be requested by the director of business regulation.

Note: in answering questions contained in this application, use supporting schedules if additional space is required.

**The undersigned certifies that all information contained herein, and all documents appended hereto, are true and accurate, to the best of his/her knowledge and belief.**

By: \_\_\_\_\_  
(Please Print)

Signed \_\_\_\_\_

Title \_\_\_\_\_

request to establish a customer-bank-communication terminal 12/2000